



## Capitol Preservation Board

### EVENT APPLICATION FORM PLEASE PROVIDE THE FOLLOWING INFORMATION

(Please type or print clearly)

Contact Name: \_\_\_\_\_

(Name and Address of Person responsible for supervising the event during set up take down, clean up and duration of event)

Entity Name and Nature of Applicant (i.e. individual, business entity, government department or other): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and Address of legally recognized agent for service of process:

\_\_\_\_\_  
\_\_\_\_\_

Type of Proposed Event: \_\_\_\_\_

Anticipated Number in Attendance: \_\_\_\_\_

Contact information for Photographer or Music Provider if having such: \_\_\_\_\_

\_\_\_\_\_

<b>Requested Event Date</b> (month/day/year): _____	<b>For office use only</b>
Set up time: _____	Approved: _____
Event start time: _____ End time: _____	Date: _____
Tear down: _____	



## Capitol Preservation Board

**What area(s) are you requesting for your Event/ Exhibit?**

Capitol Building	Senate Building (east)	House Building (west)
<input type="checkbox"/> South Steps <input type="checkbox"/> Hall of Governors (1 <sup>st</sup> Floor) <input type="checkbox"/> 2 <sup>nd</sup> Floor Rotunda & Atrium <input type="checkbox"/> Capitol Board Room <input type="checkbox"/> Conference Room # _____	<input type="checkbox"/> Main Lobby <input type="checkbox"/> Olmsted Room <input type="checkbox"/> Kletting Room <input type="checkbox"/> Beehive Room <input type="checkbox"/> Seagull Room <input type="checkbox"/> Copper Room <input type="checkbox"/> State Room	<input type="checkbox"/> Main Lobby <input type="checkbox"/> Room # _____ (after hours only)

State Office Building	Plaza	White Chapel	Other
<input type="checkbox"/> Auditorium <input type="checkbox"/> Conference Room # _____	<input type="checkbox"/> Plaza - area _____	<input type="checkbox"/> White Chapel	<input type="checkbox"/> Parking lot-Area _____ <input type="checkbox"/> Lawn- Area _____ <input type="checkbox"/> Memorial _____

\*Committee rooms are under the jurisdiction of the Legislative Research and General Council Office during regular business hours. Please call (801) 538-1032 for reservation information

### SET UP / EQUIPMENT

Please mark the equipment you will need for your event. Equipment is restricted to the size of the room and availability. Please describe or submit a drawing of the layout/set up for your event. Drawings of most locations are available at the Capitol Preservation Board Office.

EQUIPMENT	CHARGE PER ITEM	NUMBER NEEDED	TOTAL
Chairs	\$1.00 ea		
Risers	\$50.00 ea		
Flags	n/c		
Garbage Cans	n/c		
Portable PA System (With or with out Microphones)	\$100.00 ea		
Podium with Microphone	\$20.00 ea		
Piano	\$100.00 ea		
Tables	\$5.00 ea		
EQUIPMENT TOTAL			
Security	\$50.00 Per Hour, Per Officer		
Assistant Personal	\$50.00 Per Hour, Per Person		
Additional Labor	\$50.00 Per Hour, Per Person		
Room Charge (different for each room)			
TOTAL			\$

Description of equipment and apparatus to be used for event, if not on schedule above:

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## Capitol Preservation Board

Please coordinate set up and tear down times with the Capitol Preservation Board. If you need a loading dock please call Capitol Maintenance at (801) 538-1480 to make arrangements.

### **FOOD AND BEVERAGES**

Will food or beverages be served? \_\_\_\_ Yes \_\_\_\_ No

I understand all food and beverages must be provided by the Capitol's on-site food service and I will comply. \_\_\_\_\_ (please initial)

Description (refreshments, breaks, snacks, beverages, continental breakfast, breakfast, lunch, buffet, dinner, and all other consumable items.)\_\_\_\_\_

Please call Eurest Dining at (801) 364-2440 for information about food services at the Utah State Capitol Complex.

**PROOF OF LIABILITY INSURANCE:** must be submitted as identified in Schedule of Costs and Fees. (Not applicable to Free Speech activities).

### **PAYMENT**

Fifty percent of the total cost for the event is due with the application. The balance is due one week prior to the event. Payments can be made with cash, check, Master Card, Visa or any type of certified funds.



## Capitol Preservation Board

**I acknowledge as sponsor/ responsible party of this event or exhibit:**

I have received a copy of the Capitol Hill Complex Facility Use, Commercial Solicitations and Preservation of Free Speech Activities Rules, have read and understand and will abide by all the provisions, requirements and procedures governing the use of the Capitol Hill Complex. I understand, that among the other requirements of the Rules, that I:

Am responsible for damages incurred as a result of the event

Will pay to have the area used for the event restored if damage occurs

You must have this permit with you at all time during your event.

Will indemnify and hold harmless the State of Utah for damage or loss to the State arising out of the conduct of such use or activities on the Capitol Hill Complex.

I understand that Permit is not transferable. Purpose, Time and Place and other Conditions of Permit may not be changed without advance written consent of the Executive Director. Executive Director may revoke the permit for violation of law, violation of permit, or if safety or health of person is threatened.

I may cancel permit and receive full refund of fees and deposit if written notice is received by Executive Director at least 48 hours prior to scheduled event. Failure to timely cancel will result in forfeiture of any deposit and fees.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

**Capitol Preservation Board  
120 State Capitol Building  
P.O. Box 142110  
Salt Lake City, Utah 84114  
Phone: 801-538-3074  
Fax: 801-538-3221  
E-mail: mpoland@utah.gov**



## Capitol Preservation Board

### Approval: (for office use only)

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Coordinator

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Date

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Facilities Manager

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Date

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Visitor Services Director

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Date

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Executive Director

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Date

Conditions of approval:

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Denial by Executive Director (see Rule R 131-2-5): \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

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